



## 4v4 Soccer Tournament Player Medical Release Form

Each player must fill out a Medical Release Form before participating in the 4v4 Soccer Tournament.

Please fill out all necessary information below and send to your team representative. Team representatives are asked to provide all team registration paperwork together in one envelope and mail to:

**4v4 Soccer Tournament  
2488 Shield Dr.  
Union City, CA 94587**

### PLAYER INFORMATION

Team Name: \_\_\_\_\_

Team Age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Please check

Male \_\_\_\_\_ Female \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Player T-Shirt Size: YS YM YL AS AM AL

Insurance Provider: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Allergies/ other Medical Problems: \_\_\_\_\_

### Medical & Liability Release Agreement

In consideration of the acceptance of my application for entry into participation in the above event/activity, I hereby waive, release and discharge any and all claims for damages which my child may have or which hereafter accrue to him/her against UCYSL as a result of his/her participation in the event/activity. I hereby release, discharge and/or otherwise indemnify UCYSL, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the event/activity, against any claim by or on behalf of my child as a result of my child's participation in the event/activity.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SPONSORS & PARTNERS

